



**LOS ANGELES COUNTY
EMERGENCY MEDICAL SERVICES AGENCY
MOBILE INTENSIVE CARE NURSE (MICN) APPLICATION**



APPLICATION AND FEE*

☐ Certification - \$155

☐ Recertification - \$65
(lapse less than 6 months)

☐ Recertification - \$225
(lapse 12 mo - < 24 mo.)

☐ Recertification - \$65

☐ Recertification - \$135
(lapse 6 mo. - < 12 mo.)

☐ Challenge - \$225

***A non-refundable fee in the amount indicated, payable to "Los Angeles County DHS," must accompany this application. The County charge will be imposed on all checks returned for non-sufficient funds.**

PLEASE PRINT IN INK OR TYPE

Section 1	Legal Name _____ Birthdate ____/____/____ <div style="display: flex; justify-content: space-around; font-size: small;">(Last)(First)(M.I.)</div>
	Mailing Address _____ <div style="display: flex; justify-content: space-between; font-size: small;">(City)(State)(Zip Code)</div>
	Contact Phone _____ - _____ - _____ Work Phone _____ - _____ - _____
	Social Security No. _____ - _____ - _____ e-mail _____
	Sponsoring Base Hospital/Agency _____

Section 2	LICENSURE/CERTIFICATION (Certification and challenge candidates must attach copies)
	California RN License No. _____ Exp. Date ____/____/____ ACLS Exp. Date ____/____/____
	MICN Certification No. _____ County _____ Exp. Date ____/____/____
<i>(continued on reverse side)</i>	

DO NOT WRITE BELOW THIS LINE

(For EMS Agency Use Only)

MICN Candidate	MICN Renewal	EMS Agency Review	Certification
<input type="checkbox"/> Application <input type="checkbox"/> Letter of Recommendation <input type="checkbox"/> RN License Copy <input type="checkbox"/> ACLS Certification Copy <input type="checkbox"/> Field Observation <input type="checkbox"/> Course Completion Cert <input type="checkbox"/> Confirmation Letter <input type="checkbox"/> Entered into PEPSI	<input type="checkbox"/> Application <input type="checkbox"/> CE Summary <input type="checkbox"/> Entered into PEPSI <div style="background-color: #cccccc; text-align: center; font-weight: bold; padding: 2px;">Certification Fee</div> <div style="border-top: 1px solid black; padding-top: 5px;">Amount Received \$ _____ DR # _____ Date ____/____/____ Received by _____</div>	Reviewed by _____ <div style="display: flex; justify-content: space-around;"><input type="checkbox"/> Approved <input type="checkbox"/> Denied</div> <div style="border-top: 1px solid black; padding-top: 5px;">Note: _____ _____</div>	Exam Date ____/____/____ Exam: Pass Fail Retake: Pass Fail <input type="checkbox"/> Radio Internship Evaluation Certification No. N _____ Cert. Date ____/____/____ Exp. Date ____/____/____

Section 3	PROFESSIONAL EXPERIENCE AND SPONSORING AGENCY APPROVAL Currently employed by: _____ Position: _____ Since: _____/_____/_____ <div style="text-align: right;">Month/Yr</div> Total years of experience: RN _____ Emergency Dept. _____ Critical Care _____
	I hereby <input type="checkbox"/> Recommend MICN Certification <input type="checkbox"/> Approve MICN Recertification Sponsoring Coordinator's Signature _____

Section 4	ALL APPLICANTS MUST ANSWER THE FOLLOWING: Have you ever had an application for MICN certification denied in any county or State? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain _____ As a juvenile or adult, have you ever been convicted of a misdemeanor or felony? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, indicate the type of conviction and attach a detailed explanation with any supporting documentation for each conviction: <div style="display: flex; justify-content: space-around;"> <input type="checkbox"/> Misdemeanor <input type="checkbox"/> Felony </div> Have you ever been, or are you currently, the subject of a formal prehospital care certification disciplinary action or proceeding? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain _____
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I hereby certify that all statements made on or in connection with this application are true to the best of my knowledge and belief. I understand and agree that any falsification or omission of material facts may cause forfeiture on my part of all rights to MICN certification in the County of Los Angeles. I authorize the EMS Agency to provide prehospital care employers with my certification status.

Applicant's Signature

Date

Mail to:

Los Angeles County
 Emergency Medical Services Agency
 Office of Certification
 10100 Pioneer Boulevard, Suite 200
 Santa Fe Springs, CA 90670
 (562) 347-1500

Revised: 02/14